



STATE OF TENNESSEE
Department of Commerce and Insurance
BOARD OF EXAMINERS FOR LAND SURVEYORS
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243-1146 615-741-3611 Fax: 615-532-9410
www.state.tn.us/commerce/boards/surveyors

LAND SURVEYOR-IN-TRAINING DEGREE VERIFICATION

INSTRUCTIONS:

Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-addressed envelope.

Section B: To be completed by the institution listed in Section A#7 and returned to the applicant.

Section A

1. Applicant's Name	First	Middle	Last	Generation (Sr., Jr., III)
2. Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Date of Birth	<input type="text"/>			
4. Mailing Address	<input type="text"/>			
	<input type="text"/>			
	City	State, Zip		
5. E-mail Address	<input type="text"/>			
6. Telephone Numbers	(<input type="text"/>)	<input type="text"/>		(<input type="text"/>)
	Telephone		Cell Phone	
7. Name of Institution	<input type="text"/>			
8. Institution Address	<input type="text"/>			
	<input type="text"/>			
9. Dates Attended	From	<input type="text"/>		To <input type="text"/>
10. Degree	<input type="text"/>			
11. Applicant's Signature	<input type="text"/>			Date <input type="text"/>

Section B

CERTIFICATION

I hereby certify that the individual named in Section A#1 is expected to graduate/has graduated from this school/institution.

Degree	<input type="text"/>	Major	<input type="text"/>
Date Due to Graduate	<input type="text"/>		
Date Graduated	<input type="text"/>		
Signature	<input type="text"/>	Affix official school seal here	
Official Title	<input type="text"/>		